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Positive birth experiences: a systematic review of the lived experience from a birthing person's perspective

Emily Hill, Amanda Firth

Background: Positive birth (PB) experiences assist with successful transition into parenthood and psychological growth. Identifying contributing factors, which assist in the achievement of such experiences, could inform birth workers and maternity service providers and improve experiences for future parents.

Objective: To undertake a systematic review of factors which the birthing person perceived as contributing to their PB experience.

Search strategy: Six databases were searched with English language restriction. Grey literature sources and relevant journal content were searched.

Main results: Sixty-eight participants were included from studies conducted in Norway, Sweden, the United States (US) and the United Kingdom (UK). The major themes of the thematic synthesis were: strength through preparation; a positive mental attitude; feeling safe and connected through autonomy; the presence of others; and fond memories that were formulated. Findings informed birth workers that their authentic presence is valued by birthing people, and that a person's or provider's birthing culture impacts on a person's perception of their birth experiences. In order to experience PB, maternity services should support individualised care.

Conclusions: A PB experience matters to families, and enables self-esteem and confidence to be felt as a new parent.

The unique individualised care and authentic presence of the birth workers provided strength, reassurance and encouragement during the birth process.

Keywords: positive birth, birth experience, thematic synthesis

Introduction

Childbirth is one of the most important events in a person's life, with the experience being highly individual and transformative for each birthing person (BP) (Kaufman 1993, Hall & Taylor 2004, Stewart 2004). With recognition of this highly individual experience, gender-neutral terminology will be used throughout this review to support inclusivity (Erlandsson *et al* 2010). The experience of birth is perceived through the eye of the beholder (Beck 2004), and the emotional and physical impact of this event potentially has both short and long-term consequences (Simkin 1991). A person's birth experiences will have long-term influences on

their own well-being, along with that of their child and family (Simkin 1992, Reynolds 1997, Nicholls & Ayers 2007). Positive birth (PB) experiences have an affirmative impact on a parent's self-esteem and facilitate confidence, thus assisting with successful transition into parenthood and psychological growth (Simkin 1991, Reisz *et al* 2015). The perception of a birth can vary, with the internalised experience differing among individuals (Cook & Loomis 2012). Therefore understanding what constitutes a PB experience is critical to providing maternity care that meets the individual's needs, preferences and priorities.

Background

A positive pregnancy and birth experience matters across all cultural and sociodemographic contexts (Downe *et al* 2016, 2017). The World Health Organization (WHO) recognises the need for maternity service provision that promotes a positive pregnancy and birth to enable a successful transition into parenthood (WHO 2016), with intrapartum guidelines currently being updated to incorporate the same ethos. The maternity review *Better Births*, commissioned by NHS England (2016), recognises the need for unique and individualised care to improve birth experiences.

Birth experience is a complex construct, with perceptions influenced by their sociocultural context (Callister 2001, Fisher *et al* 2006). Sharing birth experiences is a crucial source of knowledge about birth (Savage 2001, Humenick 2006), and listening to others' birth stories can be both strengthening and frightening (Bäckström *et al* 2017). The interpretation and effect of birth stories depends on a person's predisposition, culture and other influences (Callister 2004, Kay *et al* 2017). A person's birth experience impacts their community which may be far reaching with the development of cyber communities (Bäckström *et al* 2017). Furthermore, Dagustun's (2017) study identified that a person's exposure to their community's birth experiences influences their perceptions. BPs continue to learn throughout their childbearing career; therefore, throughout this time, their skills and knowledge increase, changing their experience of birth.

In Melender's (2006) qualitative study, pregnant participants associated an unhurried atmosphere, normality, reasonable duration, security and control with a good birth. Moreover, Lavender *et al* (1999) recognised supportive care, being in control, receiving information, participating in decision-making and pain management as critical aspects of the birth experience. Physiological vaginal birth has been associated with maternal satisfaction

(Hildingsson *et al* 2013), although experiences can be nonetheless rewarding when there are medical interventions (Zadoroznyj 1999).
PB experience has no consistent definition or systematic method to assess it, as it is a phenomenon that will vary from person to person (Dahlberg & Aune 2013). In the context of this review, PB experience is self-defined and not limiting. Therefore, all birth modes and birth settings will be included in the review, with the aim of providing a greater understanding of the variety of PB experiences (Pope *et al* 2008, Thomson & Downe 2008). As the review is inclusive of different health care provision, anyone who provides support services to the person during pregnancy and childbirth will be identified as a birth worker (BW).

Within the UK, the BP may only be able to discuss their birth experience with the BW who provided care during this time immediately after birth (Redshaw & Henderson 2015). The immediate relief and joy can supersede any negative feelings about the actual experience. It is important that BWs are able to learn how their behaviour and support is perceived (Parratt & Fahy 2003, Lundgren & Berg 2007, Nilsson *et al* 2013). However, this feedback may be hard to access, especially as formulating a perspective on a birth experience may take time (Simkin 1991). By analysing PB experiences, important information may be yielded that could assist BWs in improving care (VandeVusse 1999).

In this review, the researcher will attempt to address the gap in knowledge by identifying and synthesising qualitative studies that examine the lived experience of PB from the BP's perspective in Western countries, with the aim that synthesis of the study's findings will facilitate a greater understanding of contributing aspects and factors influencing the PB experience.

Search strategy

The research comprised of a systematic review and thematic synthesis, the process of which was conducted by a sole researcher. The researcher completed this systematic review as part of the academic requirements of their midwifery master's programme. The systematic review was carried out following the principles published by the Joanna Briggs Institute (JBI) (2014a). An extensive scoping search was carried out to ensure there was no recent systematic review addressing the aim (Centre for Reviews and Dissemination 2009). The JBI-adapted (2014b) PICo (population, phenomena of interest, context) model was deemed

suitable for this project as it supports qualitative reviews by enabling the expression of a phenomenon of interest. This assisted the definition of the individual elements of the research question.

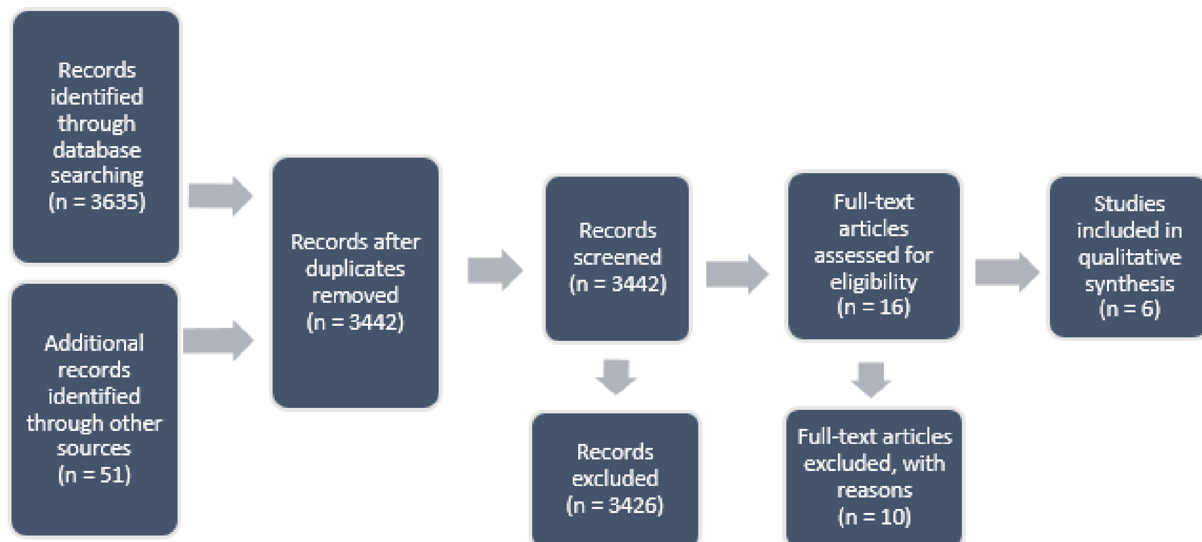
Criteria for inclusion

The inclusion and exclusion criteria were developed using the PICo tool (Booth 2004). All relevant English language research published was included, with no limitation on study publication date. Studies were included if they reported from the perspective of the BP, who had experienced a PB. In order for BWs and service providers in the UK to relate to the findings, studies conducted outside Western countries were excluded.

Data sources

Search terms and associated synonyms were developed from scoping searches during the development stage of this review. Six databases were searched using search strings with Boolean operators to combine terms in order to identify relevant primary studies in a replicable manner. The search additionally included hand searching five journals and a number of grey literature sources, which assisted in the identification of studies from less established sources and unpublished primary studies, with the aim of reducing publication bias (database, language, location) (Song *et al* 2010). Relevant e-groups and experts for unpublished literature were contacted, including the correspondent authors of included studies. Other methods of searching conducted included citation, author and reference lists (Higgins & Green 2011).

Figure 1. Search strategy — PRISMA flowchart (Moher *et al* 2009)



The reviewing process

The search identified 3442 study/document titles, and the search strategy (Figure 1) illustrates this screening process (Moher *et al* 2009). The initial screening process eliminated irrelevant titles — the researcher was mindful that qualitative titles may not reflect study content, therefore inclusion of ambiguous titles maximised chances of obtaining relevant studies (Higgins & Green 2011). Where titles were not clear, the abstract was reviewed. Full-text papers for 16 studies were obtained which were reviewed for inclusion with the application of the inclusion and exclusion criteria. Six papers were selected for inclusion in the synthesis. The primary reason for exclusion of ten papers is provided in Table 1.

Paper	Final decision	Reason for exclusion
Askari *et al* (2014)	Excluded	Study population – not self-defined positive birth
Attanasio *et al* (2014)	Excluded	Study population – not self-defined positive birth
Gibbins & Thomson (2001)	Excluded	Study population – not parous women
Hildingsson *et al* (2013)	Excluded	Study - not qualitative
Lavender *et al* (1999)	Excluded	Population – not self-defined positive birth
Melender (2006)	Excluded	Study population – pregnant not parous
Milan (2003)	Excluded	Study population – not self-defined positive birth
Nilsson *et al* (2013)	Excluded	Study population – not self-defined positive birth
Parratt & Fahy (2003)	Excluded	Study population – not self-defined positive birth
Sauls (2000)	Excluded	Study population – not self-defined positive birth
Aune *et al* (2015)	Included	
Dahlberg *et al* (2016)	Included	
Hardin & Buckner (2004)	Included	
Karlström *et al* (2015)	Included	
Thomson & Downe (2010)	Included	
Thomson & Downe (2013)	Included	

Table 1. Full-text articles assessed for eligibility.

Quality assessment and data extraction

The included studies were quality assessed using the Critical Appraisal Skills Programme (CASP) qualitative tool (2017). Using ten questions, the tool prompts assessment of rigour and credibility (Table 2). Quality assessment is a subjective and developing process, therefore studies were not excluded based on quality assessment (Carroll *et al* 2011). Instead, they were used to assess the confidence of their findings, as well as how studies can contribute to the review. The quality was generally good, with the exception of one study which had some methodological weaknesses (Hardin & Buckner 2004). Thomson & Downe (2013) did not provide adequate information to answer two questions on the checklist; however, as this was a re-analysis of Thomson & Downe (2010), the previous publication was used to gain clarity. The PICo format of the JBI (2014b) QARI data extraction form was highly desirable. Adapting and completing the data extraction electronically intended to reduce data entry errors (Aveyard 2014).

Table 2. Quality assessment of included studies.

CASP questions	Study					
	Aune *et al* (2015)	Dahlberg *et al* (2016)	Hardin & Buckner (2004)	Karlström *et al* (2015)	Thomson & Downe (2010)	Thomson & Downe (2013)
1. Was there a clear statement of the aims of the research?	Y	Y	Y	Y	Y	Y
2. Is a qualitative methodology appropriate?	Y	Y	Y	Y	Y	Y
3. Was the research design appropriate to address the aims of the research?	Y	Y	Y	Y	Y	Y
4. Was the recruitment strategy appropriate to the aims of the research?	Y	Y	Y	Y	Y	Y
5. Was the data collected in a way that addressed the research issue?	Y	Y	Y	Y	Y	U
6. Has the relationship between researcher and participant been adequately considered?	Y	Y	Y	Y	Y	U
7. Have ethical issues been taken into considerations?	Y	Y	Y	Y	Y	Y
8. Was the data analysis sufficiently rigorous?	Y	Y	N	Y	Y	Y
9. Is there a clear statement of findings?	Y	Y	U	Y	Y	Y
10. How valuable is the research?	Y	Y	Y	Y	Y	Y
Include/ Exclude	Include	Include	Include	Include	Include	Include
Key: Y= Yes, N= No, U= Unsure						

Analytic strategy

The thematic synthesis approach consisted of three steps: firstly line-by-line coding performed using Microsoft Excel, which allowed colour codes to be used to establish representation of studies within theme development. Following this the text was exported to create a visual word cloud (Figure 2), which allowed the development of descriptive themes. Thirdly, mind mapping software (Mindview) was utilised to generate analytical themes, creating new interpretive explanations (Thomas & Harden 2008).

Figure 2. Line by line coding from the six included papers

Characteristics of included papers

The qualitative studies included in this review were conducted in four countries (Norway, Sweden, US and the UK). The date range of publication was 2004–2016. The six included papers are based on four studies, with Aune *et al* (2015) and Dahlberg *et al* (2016) having published papers from the same study, although the papers' aims varied. The Thomson & Downe (2010) study's data were re-analysed in an additional publication, Thomson & Downe (2013). This resulted in multiple publication bias which limited the data available for synthesis. The review represents the view of 68 BPs, experiencing 69 PB.

Results

The following five major themes emerged from these studies: strength through preparation; a positive mental attitude; feeling safe and connected through autonomy; the presence of others; and fond memories formulated. The summary themes as well as the subthemes that emerged from the synthesis of the data, along with related quotes from the included studies, are not presented in this paper due to the word limit. Hardin & Buckner (2004) did not audio-tape the interviews, relying solely on the researcher's notes. This led to few direct quotations within the article and therefore less representation in the synthesised data (Green & Thorogood 2013).

Strength through preparation

From those who had experienced a PB, it was evident that active preparation (including improving mental and physical health) had occurred prior to the birth, which they deemed beneficial. They identified the importance of information coming from a trusted source. An awareness of the psychological and physical challenges involved improved confidence. There was an acceptance of the unknown and an awareness of the potential obstetric complications apparent. It was expected that childbirth was unpredictable and could not be planned in detail.

Positive mental attitude

The findings also identified that participants deemed childbirth a rite of passage. There was a strong belief that it was in their nature to give birth, a privilege and an event that has occurred throughout history. They drew on inner strength gained from previous life experiences and a belief in their own ability. The contrasting elements of needing to control aspects of the process and 'letting go' and 'surrendering to the flow' of childbirth are drawn upon. With some, there was a need to maintain control over their experience with predictable situations, while others preferred to be guided by signals from their bodies rather than following a pre-arranged set of steps.

Feeling safe and connected through autonomy

The findings provide information on interactions with BWs and found that shared relationships, built on trust and respect fostered between families and BWs, was valued. The connected care, shared plans and teamwork allowed feelings of safety and ease. Acknowledging birth preferences, including elective caesarean birth, was also deemed of high importance, and families would seek alternative BWs if they were unsupported in their decisions (Hardin & Buckner 2004, Thomson & Downe 2013). For those that had previously experienced a traumatic birth, they recognised that the qualities of the BW and trust forged were inextricably linked to their experience and sense of feeling in control during this time (Thomson & Down 2010).

The birth worker being authentically present

The BW was a significant person during a PB, their mental presence, attentive approach and attitude during this time important to their experience. The forged relationship with the BWs provided encouragement, confirmation and guidance. BWs' supportive and reassuring

approach, along with expressing genuine interest in the BP, was considered highly valuable and strengthened their self-belief during birth, together with helping them to fulfill their wishes.

Discussion

The effects of a person's community and culture impacts their attitude towards birth and their perspective of their birth experience. The authors recognise this as 'birthing culture'. Dagustun (2017) acknowledges that every person has access to different types and amounts of knowledge related to birth, depending on their community and familial and geographical variants, which create different birthing cultures at local and national levels.

These birthing cultures may lead to different preferences, which in turn will affect how a person views their experience, either positively or negatively (Downe *et al* 2017). In contemporary birthing cultures, there is a strong emphasis on having control during labour and birth (Lavender *et al* 1999, Nilsson *et al* 2013). Those planning physiological births are more likely to report a desire for internal control (Quiroz *et al* 2011), with Anderson (2000) identifying losing control as a predominant fear. A person's perception of their control during the labour and birth process may impact their perceptions of their experience.

Birth experience is individual, with personal perceptions leading to development of opinions of the experience (Kay *et al* 2017). Participants identified their positive mental attitude and self-efficacy as a contributing factor for assisting them to achieve a PB experience (Aune *et al* 2015, Karlström *et al* 2015). A person's general attitude to life impacts upon perceptions of their birth experience.

The review revealed that participants trusted the BWs to support them to have a safe and successful birth (Thomson & Downe 2010, Thomson & Downe 2013, Karlström *et al* 2015, Dahlberg *et al* 2016), thus enabling them to believe in the abilities of the BW they interacted with. The faith and connection in these relationships allowed teamwork to be fostered during the labour and birth process (Hardin & Buckner 2004, Thomson & Downe 2010, Karlström *et al* 2015, Dahlberg *et al* 2016). The desire to give birth in a clinically and psychologically safe environment, with support from a BW who is compassionate, responsive and respectful, to enable a PB experience has been identified in other studies (Nilsson *et al* 2013, Dagustun 2017, Downe *et al* 2017).

The quality of the relationship between the person and BWs hugely impacts on their experience (Larkin *et al* 2009). Being seen as a unique individual was identified within the synthesis, with the BW playing a key role in enabling this. BWs should work to develop partnerships with families that provides respectful, individualised care to support positive perceptions of their birth (Hildingsson *et al* 2013).

The interactions with BWs during this precious time are highly sensitive and memorable. The connection felt through their authentic presence provided strength, reassurance and encouragement during the birth process (Hardin & Buckner 2004, Thomson & Downe 2013, Karlström *et al* 2015, Dahlberg *et al* 2016). The presence of the BW is identified as a positive experience of support, with their personal characteristics and emotional expressions affecting the perceptions of support (Parratt & Fahy 2003, Nilsson *et al* 2013).

Limitations

- The small number of studies available for inclusion limited the dataset for synthesis. Identification of relevant studies may have been constrained by the fact that the review's inclusion criteria were western countries and English language papers only.
- The value of the findings is restricted due to the majority of study participants giving birth in large maternity units, with two studies' inclusion criteria featuring a physiological birth. These biases may have limited the findings of the review as births take place in a variety of locations and modes.
- As culture and family influences a person's birthing norms and values, the limited ethnic backgrounds in these studies reduce the transferability of the findings for application in the UK, which is a diverse, multicultural society.
- One researcher completed all aspects of the review with limited time and resources. Although efforts were made to limit subjective opinion, bias may have been introduced.

Conclusions

This systematic review provides tentative evidence that BPs' attitudes towards birth and the preparations they undertake have influence on their experience, and that these attitudes may be impacted by those in their community. BWs have an important role in helping families

towards achieving a PB experience. Through unique individualised care and authentic relationships between families and birth workers, PB can be experienced. These experiences affect the BP's sense of accomplishment and confidence as they make the transition into parenthood.

Implications for practice

This review has identified a number of important implications for practice:

- Communication with families matters, therefore BWs should work to facilitate open dialogues to assist with the achievement of a PB experience.
- Models of maternity care need to facilitate unique and individualised care, to enable the expectant parents to be connected with the processes of birth.
- BWs should work to maximise authentic relationships, as their presence and ability to establish connection through mutual trust is significant to families. Whilst a person's perception of an experience is initially individual, the interactions they have during labour and birth can influence their perceptions of their experience.

This review recommends future research that considers the views and perceptions of people who have experienced PB in a variety of birth locations (including home births and midwifery-led units) and modes of birth. Additionally, with the recognition that a society's birthing culture can influence their perceptions of their birth experience, future research into the sociocultural aspects of PB experience would be of interest.

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